STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
PO Box 47990 • Olympia, Washington 98504-7990

July 13, 2005

TO: Washington State Board of Health Members

FROM: Dr. Tom Locke, Board Chair

SUBJECT: ADDING VARICELLA TO THE LIST OF IMMUNIZATIONS REQUIRED FOR CHILD CARE AND SCHOOL ENTRY (WAC 246-100-166)

Summary
In January 2005, the Board filed a CR-101 Preproposal Statement of Inquiry for WAC 246-100-166, which concerns the immunization of child care and school children against certain vaccine-preventable diseases. The intent was to consider adding varicella to the list of mandatory immunizations. The varicella vaccine protects children against chickenpox and was licensed in the United States in 1995. Shortly thereafter (1996), the Advisory Committee on Immunization Practices (ACIP) added varicella to its list of recommended childhood vaccines (see attached ACIP schedule). Washington State has made the vaccine available since 1996. In 1999, the ACIP recommended that states require chickenpox vaccines for all school-age children. As of 2005, 44 states have added varicella to their school and/or child care entry requirements.

In June 2005, the Board filed a CR-102 with proposed rule language that would require children aged 19 months through 12 years entering child care centers or schools have proof of varicella immunity effective July 1, 2006. Proof of immunity can be demonstrated by receipt of an age-appropriate vaccine, a serologic test, or a history of varicella disease (see attached CR-102, draft rule language, and significant analysis).

The proposed rule revision also makes provision for DOH to (1) develop implementation guidelines for schools and child care centers to match children's ages to grades and to explain how children who are behind in their immunization schedule can catch up with required vaccinations and (2) develop school implementation guidelines that waive or modify immunization requirements when a phasing-in period is warranted, there is limited availability of an immunizing agent, or there is emerging new information about the efficacy and safety of an immunizing agent. Instances of the second option would need to be based on the best available medical research, identification of the specific immunizing agent and group of children affected, limited in duration, and receipt of Board approval before the implementation guidelines were distributed to schools and child care centers.

The CR-102 public hearing for the proposed rule revision is scheduled for today. Patty Hayes, Assistant Secretary of the Division of Community and Family Health, and Janna Bardi, Department of Health Immunization Program Manager, will present a snapshot of the contextual policy framework and explain the proposed changes to the rule (see attached presentation). They will also review feedback received during the public comment period (see attached synopsis of the public comments received).

Recommended Board Action

Depending on testimony offered and the Board's own discussions, the Board may choose to consider, amend if necessary, and adopt the following motion:

> ***The Board adopts the revised WAC 246-100-166 as published in WSR 05-12-139 except in section (4) under sub heading (b)(i)(A) strike the reference to O.D. and replace with D.O to correctly refer to the abbreviation of a Doctor of Osteopathy.***

Background

According to a study conducted in Michigan in 2003, the varicella vaccine is quite effective (85 percent) in preventing varicella of any severity and highly effective (98 percent) in preventing moderate to severe disease. A study in Multnomah County, Oregon found that varicella vaccination of school-age children reduces the number of cases and lost days of school. Until the vaccine became available, nearly everyone got chickenpox. Since 86.2 percent of young children in the United States now receive varicella vaccinations, the incidence of chickenpox has dropped from 4 million a year to 800,000.

Chickenpox can cause considerable suffering and discomfort to the patient—in the pre-vaccine era there were approximately 11,000 hospitalizations due to chickenpox complications every year in the United States. Chickenpox can also cause complications (such as viral pneumonia or infection of the brain) that result in death. Deaths from chickenpox have decreased since the introduction of the vaccine. The decline in deaths has occurred in all age groups under 50 years, with the greatest reduction (92 percent) among children aged 1 to 4 years. In the five years before the vaccine, there were about 165 deaths each year in the United States. That number dropped to 66 per year just a few years after the vaccine's nationwide introduction.

According to the latest National Immunization Survey, Washington State has a 73.1 percent vaccination rate for chickenpox among children aged 19–35 months. This is the third-lowest rate in the country. Mandating varicella vaccination for both child care and school entry (for children aged 19 months through 12 years), would likely increase Washington's varicella vaccination rates. This would be expected to reduce chickenpox infections among children. The decreased incidence of chickenpox would provide protection for susceptible infants, adolescents, adults, and persons at the highest risk for contracting chickenpox. There would likely be a reduction in the number of deaths and hospitalizations in Washington. (There were16 varicella-related deaths and 1,045 varicella-related hospitalizations statewide in 2003). This rule change would also have the potential to reduce days of school lost to illness. A cost/benefit analysis suggests the proposed rule change is cost effective from insurance and health care cost points of view as well as from a societal perspective (see attached Significant Legislative Rules Analysis).

Attachments